

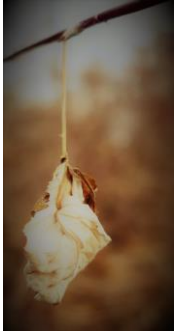


PRO-A
Pennsylvania Recovery
Organizations Alliance

MOBILIZE
EDUCATE
ADVOCATE


Together we can!

1



**Getting Crispy: Stress,
Burnout, Compassion Fatigue,
and Secondary Trauma**

William Stauffer, LSW, CCS, CDAC
Executive Director
The Pennsylvania Recovery Organizations Alliance





2

Training Objectives

Attendees will learn about:



- Chronic stress/trauma & SUDs
- Concepts related to chronic stress & trauma
- The impact of these issues for both helper and helpee
- The factors related to the development of these issues from micro, mezzo, and macro levels

3

Trauma
It can run deep

There are wounds that never show on the body that are deeper and more hurtful than anything that bleeds.
— Laurell K. Hamilton

4




What are we talking about?
Stress & Trauma

- Chronic Stress
- Trauma
- Burnout
- Compassion Fatigue
- Vicarious Trauma




5



Why is this important for us?
Strong relationship between SUD and trauma

- Unresolved trauma can increase risk of return to drug and alcohol use
- Caregivers, like us are at higher risk for trauma-related issues, like burnout, compassion fatigue, and secondary trauma

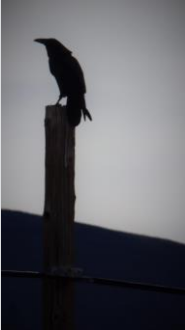


6

Chronic Stress

It changes the way the brain works

- The stress hormone cortisol may create a domino effect that hard-wires pathways between the hippocampus and amygdala causing a vicious cycle—the brain stays in a constant state of fight-or-flight mode
- Decreases the number of stem cells that mature into neurons
- Changes the shape of brain structures such as the amygdala
- Increases the chances of stress-related illnesses




7

Trauma and SUDs


They are often found together

- Teens who had experienced physical or sexual abuse/assault were 3X more likely to report SA than those without a history of trauma
- In surveys of teens in treatment for SA - 70% of patients had a history of trauma exposure
- Trauma increases the risk of developing SA, and SA increases the likelihood that adolescents will experience trauma



8


Adverse Childhood Experiences (ACE) Study and SUDs



One of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health / well-being

The original ACE study began in 1995

Research has demonstrated a strong graded (i.e., dose-response) relationship between ACEs and a variety of substance use-related behaviors




9

ACES & SUDs

ACES & prescription drug use in a study of adult HMO patients (2008)

- Adverse childhood experiences Prescription drugs = 11% of national health expenditures
- ACEs including child maltreatment & related traumatic stressors, linked to numerous health problems
- 1.2 million prescriptions were recorded; prescriptions rates increased in a graded fashion with the ACE Score
- Graded relationships were seen for all age groups
- ACEs substantially increase the number of prescriptions and classes of drugs used for as long as 7 or 8 decades after their occurrence





10

Stop & Consider

Substances can ease the pain

Substance use can make a person feel numb, empowered, or calm—sensations that might be rarely experienced when not using substances for those who have suffered psychological trauma

11

Environment

Historic stressful environment of the individual and exposure to trauma factor:

- Intensity
- Duration
- Frequency

The nature of the environment




12

Let's discuss...

What are some of the types of stress and trauma that can be experienced across the life cycle?

How may this relate to us, both as helpers and people with lived experience?



13

Our own recovery process...

Self Care Matters

What have we done in our own recovery processes to understand and heal from historic stress and trauma?



14

Historic Trauma

Common Helper Family Experiences

In a 1992 study on childhood experiences of family dysfunction:

- 73.1% social work students experienced dysfunction in the home as a child compared with 36.9% of the Business students
- Dysfunction was defined by a member of the family of one or more of the problems: drug or alcohol abuse, sexual addiction, bulimia, anorexia nervosa, gambling addiction, schizophrenia, perpetrator of a crime, severe depression, attempted or committed suicide or physical or sexual abuse from a family member

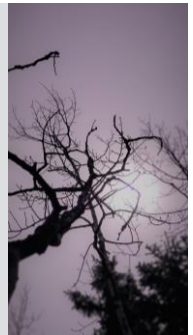


15

Basic Definitions

Helpers should pay attention here!

- **Compassion Fatigue** - fatigue, emotional distress, or apathy resulting from the constant demands of caring for others
- **Burnout** - physical / mental collapse caused by overwork / stress
- **Vicarious (secondary) Trauma** - is a transformation in the helper from empathic engagement with traumatized clients and their traumatic experiences. Its hallmark is disrupted spirituality, or a disruption in the trauma workers' perceived meaning and hope.



16

Compassion Fatigue

Tends to be acute—rapid onset

- Difficulties with attention and concentration
- Increased forgetfulness
- Increased anger and irritability
- Lower frustration tolerance
- Difficulty sleeping (insomnia or oversleeping)
- Increased isolation
- Function of bearing witness to the suffering of others
- Secondary traumatic stress reaction
- Defined as a state of tension and preoccupation with the traumatized and/or persistent arousal associated with the helpee



17

Healing from Compassion Fatigue

Signs and Preventative Care

Recognize signs & use preventative care to avoid developing compassion fatigue:

- Education helps normalize negative, stressful things that are part of our work
- Talking through the issues with a supervisor or colleague is recommended
- A healthy and strong social support system is important
- Relationships that impose an additional strain and demands on caregivers should be addressed to reduce their toxic impact



18

Burnout is a gradual process. The signs and symptoms are subtle at first, but they get worse as time goes on.

Signs

- Feeling tired and drained all the time
- Getting sick a lot
- Sense of failure and self-doubt
- Withdrawing from responsibilities
- Isolating yourself from others
- Procrastinating, taking longer to get things done

What to do:

- Invest in your closest relationships - your partner, children or friends
- Try to be more sociable with your coworkers
- Connect with a cause or a community group that is personally meaningful to you



19

How to think about VT

For many years, Vicarious Trauma (VT) was lumped into countertransference

Countertransference is the redirection of a helper's feelings toward a helpee—or, more generally, as a therapist's emotional entanglement with a helpee.

vs.

Vicarious trauma is more specifically related to the risks, reactions, and prevention of harm from exposure to another's traumatic material by virtue of a helping relationship with the primary victim.

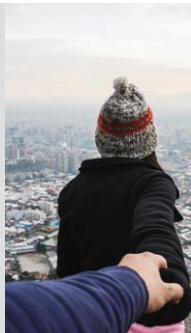


20

Vicarious Traumatization (VT)

Occurs through Empathetic Engagement

- Vicarious traumatization is a transformation in the self of a trauma worker or helper that results from empathic engagement with traumatized clients and their reports of traumatic experiences. It is a special form of countertransference stimulated by exposure to the client's traumatic material.
- Over time this process can lead to changes in your psychological, physical, and spiritual well-being.



21

Another way to think about it:

Newton's Third Law:

For every action, there is an equal and opposite reaction



22

Compassion Satisfaction

Helping people can be highly rewarding

A UK study found that:

- Maturity, time spent in development activities, supportive management, and supervision predicted higher potential for compassion satisfaction.
- Youth and less supportive management predicted higher risk of burnout.
- The negative impact of working with trauma clients was balanced by the potential for a positive outcome from trauma work as a majority indicated an average potential for compassion satisfaction.



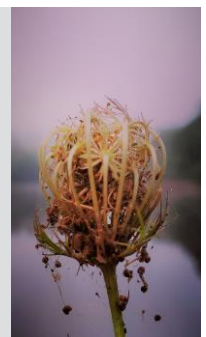
23

"Micro" Elements

Stress, Burnout & Vicarious Trauma

Factors at the level of the helper

- History of trauma
- Level of maturity
- "Self" work
- Strength of support systems
- Work / life balance
- Spirituality
- Level of awareness



24

“Mezzo” Elements

Stress, Burnout & Vicarious Trauma

Factors at the level of the peer group, family, or agency staff:

- Active social support from supervisor, colleagues, and family members
- Use of buddy system, especially for novices
- Use of “debriefing”
- Development of informal opportunities to connect
- Participate in training opportunities
- Use of peer supervision- use of consultation teams
- If indicated, participation in time-limited group therapy or individual psychotherapy



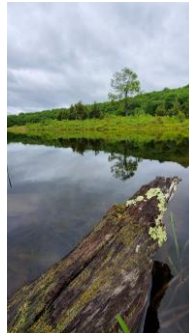
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“Macro” Elements

Stress, Burnout & Vicarious Trauma

Factors at the agency or system level

- The “culture” of agency or system
- Level of support for supervision and training
- Consideration of staff self care in terms of nutrition, exercise, sleep and the need for frequent breaks
- Recognition of the need to foster spiritual renewal
- Recognition of parallel process in relation to staff and those helped
- Recognition of the importance to promote education and training
- Be aware of the need to address / “Manage boundaries”



26

Let’s discuss...

Why do helpers make poor patients?
Why are we at times better at helping others address these things than we are at doing these things in our own area?
A recovery-oriented system is a system that reflects recovery for all involved. How does this relate to our topic today?



27

Recovery – Strength Based Perspective

Every Person has Strengths, Use Them!

- Orient on strengths across the service system at all levels of care and support.
- The strength-based orientation helps the system to avoid implicit bias and identify the inherent resources of persons with substance use disorders (SUD) and tap into the full capacity of the community.
- This can mean giving particular attention to persons with less perceived power within system and ensuring that they have voice.



28

Principles of Recovery Management

Emphasis on Resiliency

- Emphasis on recovery (not pathology /disease processes)
- Recognition of **multiple pathways** and styles of recovery
- **Empowerment** of individuals and families to direct their own healing
- Development of highly **individualized** and **culturally nuanced** services and community support.
- Heightened **collaboration** with diverse communities of recovery
- Commitment to **best practices** as identified in the scientific literature and through the **collective experience** of individuals and families in recovery

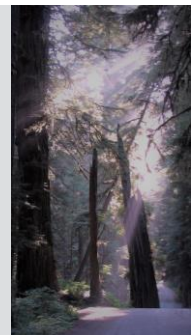


29

Trauma-Informed Approach

Six Principles

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Cultural, historical, and gender issues

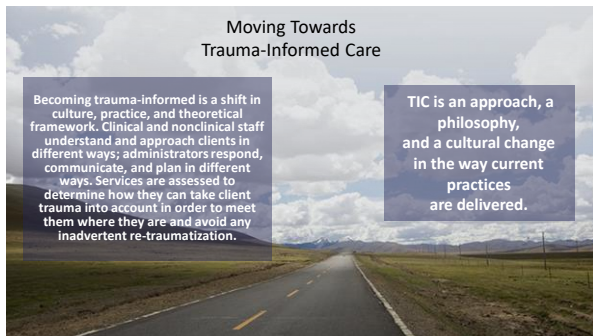


30

Moving Towards Trauma-Informed Care

Becoming trauma-informed is a shift in culture, practice, and theoretical framework. Clinical and nonclinical staff understand and approach clients in different ways; administrators respond, communicate, and plan in different ways. Services are assessed to determine how they can take client trauma into account in order to meet them where they are and avoid any inadvertent re-traumatization.


TIC is an approach, a philosophy, and a cultural change in the way current practices are delivered.



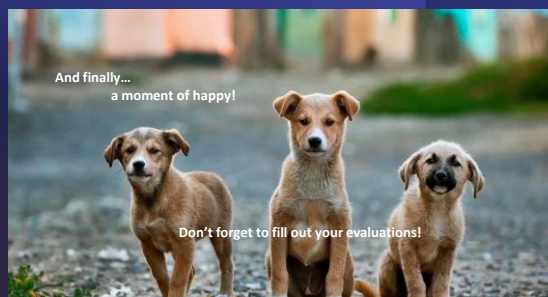
31

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32



And finally...
a moment of happy!

Don't forget to fill out your evaluations!

33



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EDUCATE
ADVOCATE

Together we can!

34